

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011997	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/17/2013
NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5930 HOHMAN AVE STE 105 HAMMOND, IN 46320		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	<p>Initial Comments</p> <p>This visit was a home health agency state licensure survey.</p> <p>Survey Dates: January 9, 10, 15, 16, and 17, 2013.</p> <p>Facility ID#: 011997</p> <p>Medicaid Vendor #: 200971320.</p> <p>Number of unduplicated skilled admissions: 214. Number of active records reviewed: 9. Number of closed records reviewed: 2.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 22, 2013</p>	N 000			
N 522	<p>410 IAC 17-13-1(a) Patient Care</p> <p>Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>This RULE is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure visits had been provided as ordered on the plan of care in 2 (#6, #7) of 9 records reviewed of patients receiving more than one service with the potential to affect all of the agency's patients.</p> <p>The findings include:</p> <p>1. Clinical record number #6, start of care (SOC)</p>	N 522			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

99ST11

If continuation sheet 1 of 2

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N 522	<p>Continued From page 1</p> <p>12-5-12, included a plan of care for the certification period 12-5-12 to 2-2-13 with orders for the skilled nurse to visit two (2) times a week for two (2) weeks then one (1) time a week for 7 weeks and the home health aide was to visit one (1) time weekly for 8 weeks. The patient was also to receive physical therapy two (2) times weekly for four (4) weeks and occupational therapy one (1) time weekly for one (1) week and two (2) times a week for two (2) weeks. The record included documentation of a physical therapy missed visit on 12/13/12 and missed home health aide visits on 12-6-12 and 12-8-12.</p> <p>2 Clinical record number #7, start of care (SOC) 2-1-12, included a plan of care for the certification period 11-27-12 to 1-25-13 with orders for the skilled nurse to visit one (1) time weekly for eight (8) weeks effective 12-4-12. The home health aide was to visit one (1) time weekly for nine (9) weeks. The medical record included documentation of a missed home health aide visit on 1/2/13.</p> <p>3. Per Employee A on 1-16-13 at 2 P.M., no further documentation was available. Employee A not aware of a policy related to missed visits, but agency practice was to notify the physician of any missed visits, and the physician was notified of the missed visits for patient #6 and #7.</p>	N 522			